

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/866587</div>	FILING DATE <div style="font-size: 1.2em; font-family: cursive;">3/22/04</div>					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
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